

ST. ALPHONSUS LIGUORI PARISH

1066 Western Avenue, Peterborough, ON K9J 5W6

PAP ELECTRONIC DONATION GIVING PLAN

Questions? Call the parish office at 705-745-8623 ext 21 or e-mail: office@stalphonsus.net

I want to support **St. Alphonsus Liguori Parish, Peterborough, ON**, through pre-authorized payments.

(Please print)

I/we _____ hereby authorize St. Alphonsus Liguori Church to withdraw the amounts specified below beginning *(insert date)* _____ from my/our account and deposit said funds to the general account of St. Alphonsus Liguori Parish, Peterborough, ON, in lieu of Sunday Offertory Envelopes. **A voided cheque is enclosed.**

Offertory can be withdrawn from your account once or twice per month according to your instructions here:

Please debit my account on the 15th monthly for Offertory \$ _____

Please debit my account on the 30th monthly for Offertory \$ _____

Optional – donations for Special Collections will be withdrawn from your account on the 15th of the month, specified below:

Please debit my account on the 15th of the specific month for the following Special Collections:

Initial Offering (January)	\$ _____	Vocations, Youth & Family Programs (August)	\$ _____
Solemnity of Mary (January)	\$ _____	Needs of the Canadian Church (Sept.)	\$ _____
Other Lenten charities (March)	\$ _____	World Missions (October)	\$ _____
Share Lent D & P (March)	\$ _____	Faith Formation (November)	\$ _____
Good Friday (April)	\$ _____	Christmas (December)	\$ _____
Easter (April)	\$ _____		
Papal charities (May)	\$ _____	Visioning for the Future (monthly Jan – Dec)	\$ _____
Priests' Benefit Fund (June)	\$ _____	Youth (monthly January – December)	\$ _____
Annual Diocesan Appeal (July)	\$ _____	SVDP (monthly January – December)	\$ _____

NOTE: Withdrawn monthly on day of offertory withdrawal.

I/ we understand changes and/or cancellation must be made in writing no later than the last day of the month prior to the required cancellation date, i.e. If PAP is to be cancelled for the month of July, notice must be received in writing no later than June 30th.

(Account Holder Signature)

(Date)

(Joint account co-signature)

(Parish Priest Signature)

(Date)

Your information

Name(s) on Bank Account _____

Office use only

Home phone _____

Other phone _____

Control # _____

Home address _____

town _____

postal code _____

Bank Name _____

Bank Address _____

town _____

postal code _____

Bank number _____

Branch _____

Bank account number _____

PLEASE ATTACH A VOID CHEQUE

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca. I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.